

## WILLIAMSBURG COUNTY EMPLOYMENT APPLICATION

## Office of Personnel/Benefits

201 W. Main Street Kingstree, SC 29556 843.355.9321

## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Name:			Date:		
Current Address:					
	Number	Street	City	St/Zip	
Telephone:					
	list age:				
Position Applied fo	or:				
Days/hours availab	ole to work:				
No Pref Thu	rs				
Mon Fri	<del></del>				
Tues Sat_					
Wed Sun					
Employment desir		/? me onlyPar 			
Type of Schools	Name of Schools	Location	Number of year	Major/degree	
High school					]
College					]
Business/Trade					]
Professional					]
If yes, explain numb				_NO how recently such off	ense(s)
DO YOU HAVE A D What is your mear Driver's license nu	s of transportation	YES to work? State of issue	NO		

Operator CDL Chauffeur Expiration date Have you had any accidents during the past 3 years Have you had any moving violations during the past		How many? How many?	
Please list two references other than relatives or pr	revious employer		
			_
Position			
Company			
Address	Auuress		_
Telephone	Telephone		_
An application form sometimes makes it difficult for an individual below to summarize any additional information necessary to are applying.	The state of the s		
HAVE YOU EVER BEEN IN THE ARMED FORCES?  ARE YOU NOW A MEMBER OF THE NATIONAL GUAL  Specialty Date entered	<del></del>	NO NO discharge Date	

Work Experience – Please list your work experience for the <u>po</u> held. If you were self-employed, give firm name. <b>Attach add</b>		-
Name of Employer	Employment Dates	Pay or Salary
Address		
City, State, Zip Code	From:	Start:
Phone Number		
Supervisor - Position -	To:	Final:
Position -		
Reason for leaving (be specific):		
List job duties, skills learned or used, advancement or promot	ions:	
Name of Employer	Employment Dates	Pay or Salary
Address	. ,	,
City, State, Zip Code	From:	Start:
Phone Number		
Supervisor -	To:	Final:
Position -		
Reason for leaving (be specific):		
List job duties, skills learned or used, advancement or promot	ions:	
Name of Employer		
Address	Employment Dates	Pay or Salary
City, State, Zip Code	From:	Start:
Phone Number		
Supervisor	To:	Final:
Position -		
Reason for leaving (be specific):		
List job duties, skills learned or used, advancement or promot	ions:	

ay we contact your present employer?YesNo J you complete this application yourself?YesNo not, who did?  ertify that information contained in this application is true and complete. I understand that false formation may be grounds for not hiring me or for immediate termination of employment at any point in ture if I am hired. I authorize the verification of any or all information listed above.  Interest in the second of the secon		
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DATE:	SIGN:	
FUIT NAMF:		
LAST	FIRST	MI
SOCIAL SECURITY #	DOB	
HEIGHT WEIGHT	COLOR OF HAIR	COLOR OF EYES
CITY POLICE:		
COUNTY SHERIFF'S DEPARTMEN	<u>T</u>	

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